## Arkansas State Veterans' Cemetery 3600 Hwy 163

Cherry Valley, AR 72324

Phone: (870) 588-4608 Fax: (870) 588-4666

WWW.VETERANS.ARKANSAS.GOV

## **CERTIFICATION OF NICHE DATA**

NAME

| DATE OF BIRTH  |                          | DATE OF DEATH       |      |
|--|--------------------------|---------------------|------|
|  |                          |                     |      |
|  |                          |                     |      |
| BRANCH OF SERVICE  |                          | GRADE, RATE OR RANK |      |
|  |                          |                     |      |
| PERIOD OF SERVICE  |                          |                     |      |
| I hereby certify that the above information is correct       |                          |                     |      |
| RELATIONSHIP TO DECEDENT                                     | SIGNATURE OF NEXT OF KIN |                     | DATE |
|  |                          |                     |      |
| TYPE OF RELIGIOUS EMBLEM (Please indicate by placing an "X") |                          |                     |      |

**NO EMBLEM** 

STAR OF DAVID

**OTHER (Specify)** 

Please complete the highlighted sections above. Return this form to our office within five (5) working days of receipt of this form. The niche cover will be ordered after receipt of this completed form. Thank you for your attention to this important matter.

**IMPORTANT** 

CHRISTIAN CROSS